(b) No, Sir.

(c) Does not arise.

(d) No surprise check has been conducted by CGHS Vigilance Department.

(e) Does not arise.

Family Planning Programme

645. DR NAUNIHAL SINGH: Will the PRIME MINISTER be pleased to state:

(a) whetherit is a fact that Kerala has lower rates of birth and death in comparison to Uttar Pradesh and Rajasthan:

(b) if so, what are the latest figures of these States in this regard:

(c) what are the specific reasons for lagging behind in family planning programme;

(d) whether there are two slogans about family planning all over the world development is the best contracaptive and contraceptives are the best contracap-tives, if so, which has been accepted by Government; and

(e) what new strategy has been envisaged by Government in view of the State of the World Population Report 1994?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH) GHATOWAR): (a) Yes, Sir.

(b) The latest provisional estimates of Birth and Death Rate relate to 1993 and as obtained from Sample Registration System of Registrar General India are given below:

(Per thousand population)

State	Birth Rate	Death Rate
Kerala	17·3	6.0
Uttar Pradesh	36.0	11.4
Rajasthan	33·6	9.0

(c) to (e) Several factors, including socio-economic, account for differing pure at which states move during demographic transition. Programmes of Family Welfare, Dept. assist socio-cultural groups accelerate the pace of transition. Certain steps jn particular improvement in quality of care, expanded '-crvice outreach, reorientation of information, Education and Communication, involvement of Noti-Govt. organisations . are under way to westeh iransition in these states.

Side effects of new contraceptive

646. DR. NAUNIHAL SINGH: Will the PRIMP MINISTER be pleased to State:

(a) whether it is a fact that Government are actively considering *la* launch pilot, studies on quinacrine, a new contraceptive for women- if so. the details thereof:

(b) whether Government have discovered some side .effects of the use of this contraceptive: if so- the details thereof;

(c) whether this, contraceptive, has., been tried in other countries; if so, the cames of such countries and what has been their experience in the use of this contraceptive; and

(d) what stand the World Health Organisation' has taken on this contraceptive?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) No Sir]

(b) Side effects reported in different trials, ace. mild pain, in lower abdomen, mijd.to moderate . faver, headache.. vagia nal discharge etc

(c) Phase-I clinical trial with Quinacrine as a non-surgical method of female sterilisation was conducted in USA. Subsequently trials with different dose schedules were conducted in Chile, Philipine Indonesia, Vietnam etc. Side effects noticed were found similar to reply at (b) above.

I'd) World Health Organisation has observed that in their view there is insufficient texicological data and therefore further clinical trials ought to be undertaken after the completion of Toxicological studies.

Single drift of Doctors in CGHS Dispensaries

647. SHRI RAM NATH KOVTND:
DR. RANBIR SINGH:

Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that with the introduction of single (morning) shift in CGHS dispensaries, the availability of doctors for the remaining time, i.e. from 2 P.M. to 8.00 A.M. the following day, is maintained;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY 'WELFARE (DR. C. SILVERA): (a) and (b) Yes, Sir. The doctors are available in the Multishift CGHS Dispensaries between 2 PM to 8 AM on the following day, from where the beneficiaries of attached single shift dispensaries can avail of CGHS facilities during the above period.

(c) Does not arise.

British-aided Health Care Services in Orissa

648. SHRI BHAGABAN MAJHI: Will the PRIME MINISTER be pleased to state:

(a) the districts in Orissa where British aided health care services are being introduced and implemented;

(b) the details of health care services provided in those districts under the Scheme;

(c) whether the Scheme would be introduced in the remaining districts of the State; and

(d) if so, the details of the steps taken in that direction?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) A project for providing health and family welfare services is being implemented in 5 districts of Orissa, namely, Sambalpur, Keonjhar, Mayurbhanj, Sundergarh and Dhenkanal from 1st November, 1989 to 30th June, 1995 with assistance from Overseas Development Administration I UK). Earlier, under the first phase of the project, Districts of Puri, Cuttack, Phulbani Ganjam and Kalahandi were covered with the financial assistance from DDA for 1980—87.

(b) The Health Care Services provided in these Districts are:—

— Development of Physical Infrastructure and provision $_0$f equipments, furniture and vehicles.
— Strengthening of training and Information Education and Communication activities;
— Developing an effective Management Information System in the State and;
Implementation of head-based Innovative Schemes for better service delivery.

(c) and (d) A Phase-Ill Project is proposed to be taken up in 8 more districts of the State namely; Bolangir, Sonepur, Koraput Nabarangpur Rayage-da, Malkangiri, Balasore and Bhadrak with the financial assistance from ODA. The State Government has been requested to formulate a project proposal.